



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
AMENDMENT

Date Received  
Office Use Only



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
EVANS NOREEN M.

1. Office, Agency, or Court

Agency Name

STATE SENATOR

SENATOR

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_ ☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2011, through December 31, 2011.  
-or-  
The period covered is \_\_\_\_\_ through December 31, 2011.  
☐ Leaving Office: Date Left \_\_\_\_\_ (Check one)  
☐ The period covered is January 1, 2011, through the date of leaving office.  
☐ The period covered is \_\_\_\_\_ through the date of leaving office.  
☐ Assuming Office: Date assumed \_\_\_\_\_  
☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☒ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement and in any attached schedules is true and complete. I acknowledge this is  
I certify under penalty of perjury under the laws of the State of California that

Date Signed April 16 2012  
(month, day, year)

Signature

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only



RECEIVED  
FAIR POLITICAL  
COVER PAGE COMMISSION

FEB 23 2012

12 FEB 24 PM 1:52

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
EVANS NOREEN M

**1. Office, Agency, or Court**

Agency Name

STATE SENATE

Division, Board, Department, District, if applicable

2ND DISTRICT

Your Position

SENATOR

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- ☒ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_ ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☐ **Annual:** The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is 12 / 5 / 10, through December 31, 2010.  
☐ **Assuming Office:** Date \_\_\_\_\_  
☐ **Leaving Office:** Date Left \_\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2010, through the date of leaving office.  
☐ The period covered is \_\_\_\_\_, through the date of leaving office.  
☐ **Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- ☐ **Schedule A-1 - Investments** – schedule attached  
☐ **Schedule A-2 - Investments** – schedule attached  
☐ **Schedule B - Real Property** – schedule attached  
☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached  
☒ **Schedule D - Income – Gifts** – schedule attached  
☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached  
-or-  
☐ **None** - No reportable interests on any schedule

**5. Verification**

(c)(1)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct

Date Signed 2/17/12  
(month, day, year)

Signature (c)(1)  
(File the originally signed statement with your filing official.)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

NOREEN M. EVANS

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

EDGAR LAW FIRM

ADDRESS (Business Address Acceptable)

408 COLLEGE AVENUE, SANTA ROSA, CA 95404

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LAW FIRM

YOUR BUSINESS POSITION

OF COUNSEL

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

O'BRIEN WATTERS & DAVIS LLP.

ADDRESS (Business Address Acceptable)

3510 UNOCAL PLACE, SANTA ROSA, CA 95402

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LAW FIRM

YOUR BUSINESS POSITION

OF COUNSEL

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_  
City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

NOREEN M. EVANS

► NAME OF SOURCE

CA DEMOCRATIC PARTY

ADDRESS (Business Address Acceptable)

1401 21 ST STREET, SACRAMENTO, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

SENATE CAUCUS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 5 / 10	\$ 170.57	DINNER
/  /	\$	
/  /	\$	

► NAME OF SOURCE

GEORGE ALTAMURA ENTERPRISES

ADDRESS (Business Address Acceptable)

101 S COOMBS STREET #A, NAPA 94559

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ENTERTAINMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 30 / 11	\$ 65	TICKET
/  /	\$	
/  /	\$	

► NAME OF SOURCE

THE WALT DISNEY COMPANY

ADDRESS (Business Address Acceptable)

500 S. BUENA VISTA ST., BURBANK CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ENTERTAINMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 6 / 11	\$ 400	5 -TICKETS
/  /	\$	
/  /	\$	

► NAME OF SOURCE

CA DEMOCRATIC PARTY

ADDRESS (Business Address Acceptable)

401 21 ST STREET, SACRAMENTO, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

SENATE CAUCUS POLICY CONFERENCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 19 / 11	\$ 145.61	MEAL/RECEPTION
/  /	\$	
/  /	\$	

► NAME OF SOURCE

CA STATE PARKS FOUNDATION

ADDRESS (Business Address Acceptable)

1510 J STREET, STE 220, SACRAMENTO 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

NON-PROFIT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 23 / 11	\$ 220.84	4- PICTURES
/  /	\$	
/  /	\$	

► NAME OF SOURCE

FRANCES ORTIZ-CHAVEZ

ADDRESS (Business Address Acceptable)

104 HOMEWOOD AVE., NAPA CA 94558

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ARTIST

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 22 / 11	\$ 250	PAINTING
/  /	\$	
/  /	\$	

Comments:

**SCHEDULE D**  
**Income – Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

NOREEN M. EVANS

► NAME OF SOURCE

**BROOKS ANDERSON**

ADDRESS (Business Address Acceptable)

**428 HUMBOLDT STREE, SANTA ROSA, CA 95404**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**ARTIST**

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

**9 / 22 / 11 \$ 150 PAINTING**

**/ / \$**

**/ / \$**

► NAME OF SOURCE

**COUNT BRACHETTI-PERRETTI**

ADDRESS (Business Address Acceptable)

**VIA CASONE 4 TOLENTINO MACERATA, ITALY**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**WINERY**

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

**10 / 7 / 11 \$ 138 TRANSPORTATION**

**/ / \$**

**/ / \$**

► NAME OF SOURCE

**FONTODI**

ADDRESS (Business Address Acceptable)

**50022 PANZANO CHIANTI FLORENCE, ITALY**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**WINERY**

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

**10 / 11 / 11 \$ 66 WINE**

**/ / \$**

**/ / \$**

► NAME OF SOURCE

**CALIFORNIA NATIVE PLANT SOCIETY**

ADDRESS (Business Address Acceptable)

**1621B 13TH STREET, SACRAMENTO, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**NON-PROFIT**

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

**9 / 27 / 11 \$ 85 PLANT**

**/ / \$**

**/ / \$**

► NAME OF SOURCE

**LIVIA COLANTONIO**

ADDRESS (Business Address Acceptable)

**VIA ORTANA VECCHIA, TERNI, ITALY**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**WINERY**

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

**10 / 8 / 11 \$ 138 LODGING**

**/ / \$**

**/ / \$**

► NAME OF SOURCE

**CASTELLO BANFI**

ADDRESS (Business Address Acceptable)

**CASTELLO DI POGGIO SIENA, ITALY**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**WINERY**

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

**10 / 13 / 11 \$ 55 SALSA ETRUSCA**

**/ / \$**

**/ / \$**

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name NOREEN M. EVANS
--

► NAME OF SOURCE  
 II BORRO

ADDRESS (Business Address Acceptable)  
 LOCALITA BORRO 1 FRAZIONE, AREZZO, ITALY

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 WINERY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 11	\$ 152	LODGING
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)



**1. BUSINESS ENTITY OR TRUST**

**NOREEN M. EVANS ATTORNEY AT LAW**

Name

**1275 4TH STREET #660 SANTA ROSA, CA 95404**

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**LAW PRACTICE**

**FAIR MARKET VALUE**

☒ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

       /        / 11

ACQUIRED

       /        / 11

DISPOSED

**NATURE OF INVESTMENT**

☒ Sole Proprietorship

☐ Partnership

☐ Other

Other

**YOUR BUSINESS POSITION ATTORNEY**

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

**EDGAR LAW FIRM**

**O'BRIEN WATTERS & DAVIS LLP**

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

       /        / 11

ACQUIRED

       /        / 11

DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

**Filer's Verification**

Print Name **NOREEN M. EVANS**

Office, Agency or Court **STATE SENATE**

Statement Type ☐ 2011/2012 Annual ☒ 2011 Annual ☐ Assuming ☐ Leaving ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed **April 16 2012**  
(month, day, year)

Filer's Signature

(c)(1)